## Exhibit 11

Enrollment/Payroll Form

ENROLLMENT/CHANGE PAYROLL FORM
1 considerate
New Rate Increase Promotion Replacement Other
EMPLOYEE INFORMATION FOR RIV
Today's Date: 9/18/00 Hire Date: 9/8/00
Department: DS Supervisor: DOSCOVID
Job Title: DISTIBUTOR Ser. Rep
Name: Lee Hu' Minn Last First Middle Initial
Social Security #:Birthday: 03/16/60
Address:
City: Greenshoro State: NC zip: >7410
PAYROLL INFORMATION:
Filing Status # Exemptions: Federal State
Full Time Part Time
Current rate of Pay: 1100 New Rate of Pay:
If retro pay is needed, to what date?
If this is a replacement position, please explain
Position and Wage History
Date: History Rate of Pay
Signatures: Supervisor:
Executive
MA 3

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